

EXHIBIT A



Workers'
Compensation
Board

REQUEST FOR ASSISTANCE BY INJURED WORKER

This form is not to be used to report an injury. To file a claim, use Form C-3.

Claim Information - ALL COMMUNICATION SHOULD INCLUDE THESE NUMBERS

Date of Injury/Illness: WCB Case #:

Injured Worker Information

☐ Check if new address

Last Name: Coke First Name: Brian MI:

Mailing Address: Church Street Station Line 2: P.O. Box 2723

City: New York State: New York Zip Code: 10008 Country: USA

Daytime phone #: Email Address:

Social Security #: Date of Birth: Gender: ☒ Male ☐ Female

Employer Information

Employer Name: Integrated Security Services, Inc.

Mailing Address: 305 Madison Avenue, Line 2: Suites 1563

City: New York State: New York Zip Code: 10165 Country: USA

Employer Phone: Federal Tax ID #: The Tax ID # is the (check one): ☐ SSN ☐ EIN

Reason for this Request - Instructions: Check all boxes that apply. Be sure to attach additional forms, medical reports, letters, etc. as required for each checkbox. If the additional information was already submitted do not attach it, but try to identify it in the space at the bottom of this form** by giving the form number or title and the date it was submitted to the Board. Sign and date the form below.

Compensation Payments:

☐ a. I am not working as of and not receiving payments. **Medical documentation indicating disability required.**

Check all that apply:

☐ I have filed a claim for a work related injury.

☐ My employer is not paying my wages.

☐ My claim has not been denied.

☐ I have not received a decision barring me from compensation.

☐ I have attempted to resolve the issue with the insurer.

☐ b. My payments have been stopped or reduced.

☐ c. I have returned to work as of at full pay.

☐ d. I am making less money than I was before I got hurt. **Attach current pay stub and medical reports from your doctor.**

☐ e. I had two or more employers on the date of accident/injury (concurrent employment).
Attach weekly gross pay before your injury and statement from second employer regarding lost time.

☐ f. I was released from incarceration on and am not receiving payments.
Attach medical report that shows a medical disability and release from custody papers.

☐ g. I have not been paid as directed in the decision filed on

Medical Issues:

☐ h. My request for medical treatment was denied or has not been addressed. **Attach denial letter.**

☐ i. My disability is now permanent. **Attach medical Form C-4.3, Doctor's Report of MMI/Permanent Impairment.**
☐ Check this box if you were under 25 years of age at time of accident.

☒ j. My medical condition has changed. **Attach medical forms.**

☐ k. My request for medical and transportation reimbursement was denied or has not been addressed. **Attach receipts and Form C-257.**

Other Issues:

☐ l. I have new information and/or information requested by the Board regarding (**Attach documents**):

☒ m. Other (Explain in the space provided below):
COMPLICATION WITH WORKERS COMPENSATION CLAIM FOR REIMBURSEMENT OF OUT OF POCKET EXPENSES/SPENDING FOR PRESCRIPTION MEDICATIONS... Please see attached addendum complaint and all its accompanying exhibits 1 through 8

**Document reference information (date, name/title, form ID):

Injured Worker Signature: Brian Coke Date: September 3, 2019

To the Injured Worker - General Information On Using This Form

You may file this form (RFA-1W) and any attachments with the Workers' Compensation Board when you want the Board to take a specific action in your claim, or if you need to alert the Board to any problem or situation that is affecting your claim. Many of the most frequently requested actions/situations are listed as either compensation payment issues (items a through g), or medical issues (items h through k), but you are not limited to those listed. Check all that apply and/or add additional information or explanation in the space provided (l or m).

Complete the identifying information at the top of Form RFA-1W and send the form, **WITH ALL APPLICABLE INFORMATION ATTACHED***, to:

Workers' Compensation Board
PO Box 5205
Binghamton, NY 13902-5205

Address for Email Filing: wcbclaimsfilings@wcb.ny.gov

Statewide Fax Line: (877) 533-0337

The Board will contact you and all parties when it takes action on your claim.

*After each check box you will see the information needed in bold letters. For example, if you are letting the Board know that your disability is now permanent (box i), the information required is Form C-4.3, Doctor's Report of MMI/Permanent Impairment.

YOU MUST SEND A COPY OF THIS FORM TO THE INSURER(S), OR DIRECTLY TO THE EMPLOYER OR ITS THIRD PARTY ADMINISTRATOR IF THE EMPLOYER IS SELF-INSURED.

If you have any other concerns, you may contact the Board's **ADVOCATE FOR INJURED WORKERS** at **(800) 580-6665**. Additional information about other Board services may be obtained at the Board's website: **www.wcb.ny.gov**. If you would like to follow your claim on-line, you can register for eCase using the registration instructions available on the Board's website under the eCase link.

You have the right to legal representation. A lawyer cannot charge you directly for representation in a workers' compensation claim. If there is an award in your claim, any legal fee request must be approved by the Board and will be deducted from the award to you by the insurer and paid directly to the lawyer.

Medical Treatment - In addition to medical services of less than \$1000.00 in value, most medical services covered by the Medical Treatment Guidelines (regardless of the cost) do not require medical authorization. For these types of services, the Health Provider may provide treatment and bill the insurer. If there is no response within 45 days of receipt of the bill, the Health Provider may file for an administrative award on Form HP-1. Certain treatments covered within the Medical Treatment Guidelines, such as complex surgical procedures, do require prior authorization. In addition to these treatment types, when medical services are \$1000.00 or more in value and fall outside the Medical Treatment Guidelines, the Health Provider is to contact the insurer or self-insured employer for authorization. The Health Provider must also file Form C-4AUTH with the insurer or self-insured employer and the Board. If denying Medical Treatment Guideline services or medical services of \$1000.00 or more in value, the insurer or self-insured employer is required to file Form C-8.1A and provide conflicting medical evidence.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD PRESENTS, CAUSES TO BE PRESENTED, OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO, OR BY AN INSURER, OR SELF INSURER, ANY INFORMATION CONTAINING ANY FALSE MATERIAL STATEMENT OR CONCEALS ANY MATERIAL FACT SHALL BE GUILTY OF A CRIME AND SUBJECT TO SUBSTANTIAL FINES AND IMPRISONMENT.

Notification Pursuant to the New York Personal Privacy Protection Law (Public Officers Law Article 6-A) and the Federal Privacy Act of 1974 (5 U.S.C. § 552a). The Workers' Compensation Board's (Board's) authority to request that injured worker's provide personal information, including their social security number, is derived from the Board's investigatory authority under Workers' Compensation Law (WCL) § 20, and its administrative authority under WCL § 142. This information is collected to assist the Board in investigating and administering claims in the most expedient manner possible and to help it maintain accurate claim records. Providing your social security number to the Board is voluntary. There is no penalty for failure to provide your social security number on this form; it will not result in a denial of your claim or a reduction in benefits. The Board will protect the confidentiality of all personal information in its possession, disclosing it only in furtherance of its official duties and in accordance with applicable state and federal law.

ADDENDUM COMPLAINT
REQUEST FOR ASSISTANCE BY INJURED WORKER

Brian Coke Ng
Church Street Station
P.O. Box 2723
New York, N.Y 10008
Phone: (646) 820.9238

September 3, 2019

State Of New York
Workers' Compensation Board
P.O. Box 5205
Binghamton, NY 13902-5205

RE: WCB# 0002 [REDACTED]
D/O/B: [REDACTED]
Carrier: Public Service Insurance Company
GC# [REDACTED]
D [REDACTED]

In the Matter between:

Brian Coke (Claimant/Applicant)

- and -

Kmart Corporation #7777/Kmart Holding Corporation
/Sears Holding Corporation and their Kmart Pharmacy;
(Respondent(s)/Responsible Parties)

**RE: COMPLICATION WITH WORKERS COMPENSATION CLAIM FOR REIMBURSEMENT
OF OUT OF POCKET EXPENSES/SPENDING FOR PRESCRIPTION MEDICATIONS**

I am a disabled person and had to seek help to write and respectfully submit this matter and making a request for this Workers' Compensation Board's assistance.

ISSUES

The issues presented are out of pocket expenses and spending for prescription medications at Kmart Pharmacy, the developments of corruption, alteration and falsification of billing records and/or business records, and whether this matter should be returned to the calendar for a hearing on hardship, medical changes as a result of the circumstances, and on the issue of penalty for violations of Workers' Compensation Law Section 13(i) and Section 13(o).

FACTS

My Workers' Compensation Case is established for work related conditions of Major Depression among other things. (Doc ID# 264962745).

By a WCLJ decision and Order filed June 10, 2016, the WCLJ decision stated in separate part, on quote: "*Carrier is directed to pay for all causally relate medications.*" (Doc ID# 265868540).

During my Workers' Compensation Case and prior to the work related conditions of Major Depression been established, I was established as a pharmacy customer of Kmart Corporation #7777/Kmart Holding Corporation/Sears Holding Corporation on May 15, 2010, in which I had became an individual member of the consuming public that purchases prescribed pharmaceutical drug products for work related conditions of Major Depression from Kmart Pharmacy. The Kmart Pharmacy in reference is located at 770 Broadway, New York, NY 10003.

On May 4, 2010, Doctor Rania Attia M.D issued me a prescription for Zoloft, I took the prescription for Zoloft to Kmart Pharmacy and specifically had advised the Kmart Pharmacist/Kmart Pharmacy that I will pay for all my prescription medicines including the Zoloft by using my Medicaid card and pay any copayments by cash because these prescription medicines was pertaining to a work related matter pending at the Workers' Compensation Board, but the Workers' Compensation insurance carrier disputing my medical treatments and the medical bills. I had also provided the Kmart Pharmacist/Kmart Pharmacy with a copy of the insurance company's "Notice of Treatment Issue(s)/Disputed Bill Issue(s)" dated July 29, 2009. (Doc ID# 155422620).

Additionally, a copy of the insurance company's "Notice of Treatment Issue(s)/Disputed Bill Issue(s)" dated August 13, 2010 (Doc ID# 169855573), was also provided to Kmart Pharmacist/Kmart Pharmacy on September 17, 2010, during copayments totaling \$33.63 on that day, and the Kmart Pharmacists and Kmart Pharmacy clearly understood my circumstances and the situation and sold me the correct generics prescription drugs instead of the Brand name prescription drug as required by New York Workers' Compensation Regulations: "**Section 440.6 Prescription Drugs or Medicines**". A copy of each brand name prescriptions issued by doctor Rania Attia M.D., doctor David Alan Goldschmitt M.D., and doctor Edward Killbane M.D. is attached hereto as **Exhibit (1)**

Specifically, in compliance with the New York Workers' Compensation Regulations: "**Section 440.6 Prescription Drugs or Medicines**", on 05/15/2010, 06/14/2010, 07/16/2010, and 08/16/2010, respectively, Kmart pharmacy sold me the generic drug named Sertraline HC instead of the brand name Zoloft and on 09/17/2010 sold me the generic drug named Bupropn HCL instead of the brand name Wellbutrin XL. Kmart pharmacy, had provided receipts/information sheets with representation(s) in separate parts among other things, as following:

- *Prescription fill date: 05/15/2010; Pharmacist's name: John Hellyer, ("JEH"); Ins. Ref. No# ERX5761501992; Copay: \$15.00, Retail Price: \$83.79";*

- *Prescription fill date: 06/14/2010: "Pharmacist's name: Marc Speert, ("MLS"); Ins. Ref. No# ERX4601116158; Copay: \$15.00, Retail Price: \$83.79". Notably, the pharmacist written counseling was not completed on that information sheet;*
- *Prescription fill date: 07/16/2010: "Pharmacist's name: John Hellyer, ("JEH"); Ins. Ref. No# ERX3499824459; Copay: \$15.00, Retail Price: \$84.79". Notably, the pharmacist written counseling was not completed on that information sheet;*
- *Prescription fill date: 08/16/2010: "Pharmacist's name: Tania Li, ("TRL"); Ins. Ref. No# ERX11311793821; Copay: \$15.00, Retail Price: \$84.79".*
- *Prescription fill date: 09/17/2010: Pharmacist's name: Darshanie Sankar, ("DVS"); Ins. Ref. No# ERX00006845177701; Copay: \$33.63, Retail Price: \$159.97".*

A copy of each original receipts/information sheet for each Prescription Medicine is attached hereto as **Exhibit (2)**.

The original receipts/information sheet had indicated that there was a process of adjudication pertaining to each prescription filed, that also involved insurance payments. On each of the original receipts/information sheet for each Prescription, had reflected insurance reference numbers. Since it is my right to submit a claim to the Workers' Compensation Insurance company for out of pocket medical expenses, I made contact with Kmart Pharmacy and requested a copy of all the billing records including the total costs/price of each prescription drug, to know the dispensing fee(s) and to further determine whether a proper calculation was done pursuant to 12 NYCRR 440.5 (a) (b) and (e) and Workers Compensation Law section 13.

The term "Copay" and "Copayment" suggests that the patient and insurer are sharing the total cost of the prescription drug(s). Clearly, the patient pays the copayments, and the insurer pays the remaining cost of the prescription drug(s). I need accurate billing information especially in matters pertaining to Workers compensation benefits claims and reimbursement. I want to make sure that the total cost of my prescription drugs is not less than the copayments I had made.

On January 13, 2015, March 24, 2017, June 15, 2017, respectively, Kmart Pharmacy had provided me with a "medical expenses" document, to submit to the Workers' Compensation Insurance company for the reimbursements. Such "medical expenses" document did not include the national drug code number of the prescription drug as listed in the national drug code directory maintained by the Federal Food and Drug Administration, and did not state separately the total cost/price of the prescription drug, and did not state the dispensing fee. A copy of their "medical expenses" document is attached hereto as **Exhibit (3)**.

On August 22, 2018, August 27, 2018, respectively, Kmart Pharmacy had provided me with a copy of a so-called "medical records", to submit to the Workers' Compensation Insurance company for the reimbursements. Such document did not specifically state any of the copayments made, but presented details of "Net Due" amounts. Furthermore, such document did not include anything about dispensing fees, and nothing about the copayments they had received. A copy of the so-called "medical records" document is attached hereto as **Exhibit (4)**.

On November 6, 2018, Kmart Pharmacy had provided me with a copy of a fictitious "billing records" to submit to the Workers' Compensation Insurance company for the reimbursements of my out of pocket expenses for all the prescription medicines. Such fictitious "billing records" documents, did not include the national drug code number of the prescription drug as listed in the national drug code directory maintained by the Federal Food and Drug Administration, and did not state separately the total cost/price of the prescription drug, did not state accurate and correct copayments amounts paid and received, and did not state the dispensing fee. A copy of the fictitious "billing records" is attached hereto as **Exhibit (5)**, **Exhibit (6)**, and **Exhibit (7)**.

Base upon information and belief, the fictitious "billing records" were altered, falsified and created on November 6, 2018, and it was sent to me via fax machine from Kmart Pharmacy.

As shown at Exhibit 5 here, the Kmart pharmacy "billing records" had indicated among other things pertaining to third party payers, and billing information, that, on the "05/15/2010" which is the date pertaining to prescription (Rx#6842949) transaction, the "total" was "\$15.40"; the "Carrier: **RMP**"; "Group: **RMP**"; "Plan Name: **Retail Maintenance Program**"; "Cardholder ID: **COKEN7777**"; "Cardholder Information Name on Card: **COKE-NG, BRIAN**"; Card Eligible: "**Y**"; Workers' Comp: "**N**".

At all times relevant, I had provided my Medicaid card to Kmart pharmacy. I did not have any other card, and was not a member of any group, and was not a member of any Plan as indicated in the Kmart Pharmacy "billing records", and I did not signed up for any "Retail Maintenance Program", and, did not paid any \$15.40 during any transaction(s). I did not gave anyone any consent or permission to be enrolled into any **RETAIL MAINTENANCE PROGRAM**. I gave my Medicaid card to the Kmart Pharmacy each time prescription was filled, and made the copayments. Therefore, any other information reflecting otherwise on such "billing records" document, is clearly false and fraudulent. These documents inappropriate for full reimbursements from Workers' Compensation insurance carrier, and the relevant items of information is not available for a proper calculation.

As shown at Exhibit 6 here, the Kmart pharmacy "billing records" had indicated among other things pertaining to third party payers, and billing information, that, on the "08/16/2010" which is the date pertaining to prescription (Rx#6845128) transaction, the "total" was "\$15.40"; the "Carrier: **HTR**"; "Plan: **VRI**"; "Group: **UNA4167**"; "Plan Name: **PLEASE USE HTR-GOODRX**"; "Cardholder ID: **COKEN7777**"; "Cardholder Information Name on Card: **COKE-NG, BRIAN**"; Card Eligible: "**Y**"; Workers' Comp: "**N**".

At all times relevant, I had provided my Medicaid card to Kmart pharmacy. I did not have any other card, and was not a member of any group, and was not a member of any Plan as indicated in the Kmart Pharmacy records, and I did not signed up for any "HTR-GOODRX", and, did not paid any \$15.40 during any transaction(s). I did not gave anyone any consent or permission to be enrolled into any "**PLEASE USE HTR-GOODRX**". I gave my Medicaid card to the Kmart Pharmacy each time prescription was filled, and made the copayments. Therefore, any other information reflecting otherwise on such document, is clearly false and fraudulent. These documents inappropriate for full reimbursements from Workers' Compensation insurance carrier, and the relevant items of information is not available for a proper calculation.

As shown at Exhibit 7 here, the Kmart pharmacy "billing records" had indicated among other things pertaining to third party payers, and billing information, that, on the "09/22/2010" which is the date pertaining to prescription (Rx#6846142) transaction, the "total" was "\$15.40"; the "Carrier: RXE"; "Plan: 7777"; "Group: FDCPPA"; "Plan Name: "RXE-AMERICAN HEALTHCARE NTWK"; "Cardholder ID: 8182807202"; "Cardholder Information Name on Card: COKE-NG, BRIAN"; Card Eligible: "Y"; Workers' Comp: "N".

At all times relevant, I had provided my Medicaid card to Kmart pharmacy. I did not have any other card, and was not a member of any group, and was not a member of any Plan as indicated in the Kmart Pharmacy records, and I did not signed up for any "RXE-AMERICAN HEALTHCARE NTWK", and, did not paid any \$15.40 during any transaction(s). I did not gave anyone any consent or permission to be enrolled into any "RX-AMERICAN HEALTHCARE NTWK". I gave my Medicaid card to the Kmart Pharmacy each time prescription was filled and made the copayments. Therefore, any other information reflecting otherwise on such document, is clearly false and fraudulent. These documents inappropriate for full reimbursements from Workers' Compensation insurance carrier, and the relevant items of information is not available for a proper calculation.

ARGUMENT

New York Workers' Compensation Regulations, under Section 440.6 Prescription Drugs or Medicines provided, that, when a brand name drug is prescribed to treat an injury for which a carrier or self-insured employer is liable pursuant to Workers' Compensation Law Section 13, the pharmacist or medical provider dispensing the drug shall substitute a generic drug, except in accordance with New York Education Law Section 6810(6), and further, provides that a billing statement submitted to a self-insured employer or carrier for a prescription drug dispensed shall include the national drug code number of the prescription drug as listed in the national drug code directory maintained by the federal Food and Drug Administration and shall state separately the price of the prescription drug and the dispensing fee.

Fee Schedule Analysis:

Pursuant to 12 NYCRR 440.5 (a) (b) and (e), the "Average Wholesale Price" for the subject pharmaceuticals is a necessary item of information to correctly present a calculation here.

12 NYCRR 440.5 (a) (b) and (e) reads in pertinent part as follows:

§440.5 Fee Schedule

a)

1. The maximum reimbursement or payment for prescription drugs or medicines in uncontroverted cases, including all brand name and generic prescription drugs or medicines, shall be the Average Wholesale Price for the national drug code for the prescription drug or medicine on the day it was dispensed minus twelve percent of the Average Wholesale Price plus a dispensing fee of four dollars for brand name drugs or medicines or minus twenty percent of The Average Wholesale Price plus a dispensing fee of five dollars for generic drugs or medicines.

2. The maximum reimbursement for prescription drugs or medicines in controverted cases during the period the case is controverted, including all brand name and generic prescription drugs or medicines, shall be twenty-five percent more than the maximum reimbursement at the time the prescription drugs or medicines are provided if the case was uncontroverted, plus a dispensing fee of seven dollars and fifty cents for generic prescription drugs or medicines and six dollars for brand-name prescription drugs or medicines.

3. Nothing in this section shall bar a self-insured employer or insurance carrier from providing a lower reimbursement rate or dispensing fee pursuant to a written agreement with any independent pharmacy, pharmacy chain or pharmacy benefit manager.

4. The maximum reimbursements or payments for prescription drugs or medicines set forth in this subdivision shall be the maximum payment any individual or entity may receive from any claimant, individual, entity, self-insured employer, insurance carrier, or third-party in connection with a claim for workers' compensation benefits.

b) Compounded medications shall be reimbursed at the ingredient level, with each ingredient identified using the applicable NDC of the drug product, and the corresponding quantity. Ingredients with no NDC are not separately reimbursable. Payment shall be based upon a sum of the allowable fee for such ingredient plus a single dispensing fee per compound.

e) The fee schedule created by this section shall not apply to prescription drugs or medicines provided as part of treatment governed by the medical and hospital fee schedule issued pursuant to Workers' Compensation Law Section 13.

12 NYCRR 440.5 (e) makes reference to Workers Compensation Law section 13.

Workers Compensation Law section 13 reads in pertinent part as follows:

§13. Treatment and care of injured employees

a) The employer shall promptly provide for an injured employee such medical, dental, surgical, optometric or other attendance or treatment, nurse and hospital service, medicine, optometric services, crutches, eye-glasses, false teeth, artificial eyes, orthotics, prosthetic devices, functional assistive and adaptive devices and apparatus for such period as the nature of the injury or the process of recovery may require. The employer shall be liable for the payment of the expenses of medical, dental, surgical, optometric or other attendance or treatment, nurse and hospital service, medicine, optometric services, crutches, eye-glasses, false teeth, artificial eyes, orthotics, prosthetic devices, functional assistive and adaptive devices and apparatus, as well as artificial members of the body or other devices or appliances necessary in the first instance to replace, support or relieve a portion or part of the body resulting from and necessitated by the injury of an employee, for such period as the nature of the injury or the process of recovery may require, and the employer shall also be liable for replacements or repairs of such artificial members of the body or such other devices, eye-glasses, false teeth, artificial eyes, orthotics, prosthetic devices, functional assistive and adaptive devices or appliances necessitated by ordinary wear or loss or damage to a prosthesis, with or without bodily injury to the employee. Damage to or loss of a

prosthetic device shall be deemed an injury except that no disability benefits shall be payable with respect to such injury under section fifteen of this article. Such a replacement or repair of artificial members of the body or such other devices, eye-glasses, false teeth, artificial eyes, orthotics, prosthetic devices, functional assistive and adaptive devices or appliances or the providing of medical treatment and care as defined herein shall not constitute the payment of compensation under section twenty-five-a of this article. All fees and other charges for such treatment and services shall be limited to such charges as prevail in the same community for similar treatment of injured persons of a like standard of living.

A plain reading of 12 NYCRR 440.5 (a) (b) and (e) and Workers Compensation Law section 13 leads me to conclude that the Average Wholesale Price and the NDC for the subject pharmaceuticals are relevant items of information to a proper calculation of this matter. As a result of the various alterations and falsifications of the Kmart Pharmacy billing records, Kmart Pharmacy business records, and my medical records at the Kmart Pharmacy, a proper calculation cannot be done to submit the reimbursement claim to the Workers' Compensation Insurance company for all my out of pocket medical expenses.

Hardship

As a result of the Kmart Pharmacy and their final willful and malicious conduct on November 6, 2018, I had lost a lot of money and have to be barrowing money in order to maintain my rights provided under the Workers Compensation Law. I have been impeded in my rights to reimbursements for all my out of pocket medical expenses at Kmart Pharmacy.

Kmart Pharmacy willfully circumvented the New York State Workers Compensation Laws, willfully altered and falsified the billing records, willfully altered and falsified Kmart Pharmacy's business records, and willfully altered and falsified my medical records.

As a result of the Kmart Pharmacy and their final willful and malicious conduct on November 6, 2018, I have been suffering medically. As a result of the stress and emotional distress caused by the Kmart Pharmacy conduct on November 6, 2018, there are changes in my medical condition, there has been ongoing aggravation and exacerbation of my pre-existing medical conditions. I have been having series of ongoing mental breakdown and sickness as a result of Kmart Pharmacy conduct on November 6, 2018. A certified copy of my medical records from my doctors is attached hereto as **Exhibit (8)**.

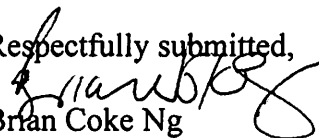
Kmart Pharmacy should not be allowed to violate the Pharmacy Fee Schedule. The provision was added to the pharmacy schedule that permits penalties to be imposed for violations of Workers' Compensation Law Section 13(i) and section 13(o).

CONCLUSION

WHEREFORE, I respectfully request that the Workers Compensation Board intervene and get involved into the circumstances surrounding my rights to reimbursements for all my out of pocket medical expenses at Kmart Pharmacy, decide whether this matter should be returned to the calendar for a hearing on hardship, medical changes as a result of the circumstances, and on the issue of penalty for violations of Workers' Compensation Law Section 13(i) and Section 13(o), and to further render a decision and order and further relief as the Court deems just and proper in my favor.

In the alternative, or in any event, I respectfully request that Kmart Corporation #7777/Kmart Holding Corporation/Sears Holding Corporation and their Kmart Pharmacy held liable, and responsible for all the changes in my medical condition as a result of the aggravation and exacerbation of my pre-existing medical conditions and for the board to decide apportionment as to any and all additional injuries that were not present at the time this Workers' Compensation case was last closed.

Dated: New York, New York
September 3, 2019

Respectfully submitted,

Brian Coke Ng

CC:

Claimant's Attorneys
Pasternack, Tilker, Ziegler
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111 Livingston Street,
Ground Floor
Brooklyn, NY 11201

Public Service Insurance Company
Magna Carta Companies
One Park Avenue
New York, NY 10016

Counsel to Kmart Corporation #7777/Kmart Holding Corporation
/Sears Holding Corporation and their Kmart Pharmacy
Weil Gotshall & Manges, LLP
767 5th Avenue
New York, N.Y. 10153

EXHIBIT 1

SW CNYR06PresM409082 | Pad 96 of 120 11/14/2009 N

OFFICIAL NEW YORK STATE PRESCRIPTION

ST-VINCENT'S CATHOLIC MED CTR OF NY
453 WEST 11TH STREET
NEW YORK, NY 10011
(212) 604-7000

RANIA ATTA, M.D.
License # 234665
NPI # 1376774398
DEA # A81837923D40

INSTITUTION DEA NUMBER (IF APPLICABLE) SUFFIX Imprinted Prescriber Name (Institutions Only)

Patient Name Brian Coke-Ng Date 5/4/10

Address _____

City _____ State _____ Zip _____ Age _____ Sex ☒ M ☐ F

Rx 300mg tab
7.11 tabs PO QTS
disp # 90 tabs

Prescriber Signature [Signature]

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'dow' IN THE BOX BELOW

REFILLS ☐ None 2

PHARMACIST TEST AREA: _____ Dispense As Written

0LQN1J 63

MAXIMUM DAILY DOSE

ANTI-FRAUD PROTECTION - PATENTS & REG. DESIGNS

SW CNYR Pad MV408113 P Part 17 of 20 11/11/2009 N

OFFICIAL NEW YORK STATE PRESCRIPTION

DAVID ALAN GOLDSCHMITT MD
EMERGENCY DEPARTMENT
170 WILLIAM STREET
NEW YORK, NY 10038
(212) 312-5068
LIC. 168975

PRACTITIONER DEA NUMBER
BC 6452843

Patient Name Ng, Cole, Brian Date 5/18/10
Address _____
City _____ State _____ Zip _____ Age 47 Sex ☒ M ☐ F

Rx
200 off 50mg
111 tabs by mouth qhs
Disp 90 tabs (chronic)

Prescriber Signature [Signature] MAXIMUM DAILY DOSE
(controlled substances only)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'dow' IN THE BOX BELOW

REFILLS ☒ Non-Refillable
Refills: _____

PHARMACIST
TEST AREA: _____

Dispense As Written

0LQ6K0 56

ANTIFRAUD PROTECTION - PATENTS 5,197,765, 5,348,139

SW CNYRdPdM461083 | Pad 1 of 100 7/3/2010 N

OFFICIAL NEW YORK STATE PRESCRIPTION

FEGS 12TH STREET CLINIC
208 WEST 12TH STREET
2ND FLOOR
NEW YORK, NY 10011
(212) 604-8201

Edward Kibbey, MD, MA
NYS LIC # 25061
NPI 1223367410

INSTITUTION DEA NUMBER (IF APPLICABLE) SUFFIX Imprinted Prescriber Name (Institutions Only)

Patient Name Brian Cole - NG Date 8/4/10

Address 40 Ann St

City NYC State NY Zip 10038 Age 47 Sex (M) F

Rx WALBUTLIN XL 150 mg
T PO QAM
0187 #30

Prevent medication errors. Please use handwritten directions.

Prescriber Signature X Call MAXIMUM DAILY DOSE (controlled substances only)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'dow' IN THE BOX BELOW

REFILLS X None 0 Refills: 0

PHARMACIST TEST AREA: Dispense As Written

0MKH0X 36

ANTI-FRAUD PROTECTION - PATIENTS 1.177.786.6346.180

EXHIBIT 2

Prescription #: 6842949
Prescription For: COKE-NG, BRIAN
Pharmacist's Name: JOHN HELLYER
Pharmacy Phone: (212)253-0347
This drug expires: 05/15/2011

COKE-NG, BRIAN
SERTRALINE HC 50 MG TAB MY
Rx: 6842949 COPAY: \$15.00
49111587440

Kmart
770 BROADWAY
NEW YORK, NY 10003
Rx: 6842949 Pharmacist: JEH
COKE-NG, BRIAN
40 AMYST
NEW YORK, NY 10038
SERTRALINE HC 50 MG TAB MYLA NDC:00378-4187-93
Generic For: ZOLOFT 50MG TAB
Dr. ATTIA, RANIA Subtotal: \$15.00
Ins.Ref.No# ERX5781501982
06/16/10 Qty: 90 COPAY: \$15.00

RETAIL PRICE: \$83.79

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

DRUG NAME: SERTRALINE HC 50 MG TAB MYLA

GENERIC NAME: SERTRALINE (SER-tra-leen)

COMMON USES: This medicine is a selective serotonin reuptake inhibitor (SSRI) used to treat depression, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), social anxiety disorder (social phobia), and a severe form of premenstrual syndrome called premenstrual dysphoric disorder (PMDD). It may also be used for other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: Antidepressants may increase the risk of suicidal thoughts or actions in children, teenagers, and young adults. However, depression and certain other mental problems may also increase the risk of suicide. Talk with the patient's doctor to be sure that the benefits of using this medicine outweigh the risks. Family and caregivers must closely watch patients who take this medicine. It is important to keep in close contact with the patient's doctor. Tell the doctor right away if the patient has symptoms like worsened depression, suicidal thoughts, or changes in behavior. Discuss any questions with the patient's doctor. Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are taking a fenfluramine derivative (eg, dexfenfluramine); an H1 antagonist (eg, astemizole, terfenadine); nefazodone; pimozone; sibutramine; or thioridazine. **DO NOT TAKE THIS MEDICINE** if you are taking or have taken a monoamine oxidase inhibitor (MAOI) (eg, phenelzine), selegiline, or St. John's wort within the last 14 days. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking anorexiant (eg, phentermine); linezolid; metoclopramide; serotonin 5-HT1 receptor agonists (eg, sumatriptan); trazodone; anticoagulants (eg, warfarin); aspirin; nonsteroidal anti-inflammatory drugs (NSAIDs) (eg, ibuprofen); diuretics (eg, furosemide, hydrochlorothiazide); tramadol; phenothiazines (eg, chlorpromazine); carbamazepine; cyproheptadine; aripiprazole; clozapine; digoxin; flecainide; lithium; phenytoin; propafenone; risperidone; tricyclic antidepressants (eg, amitriptyline); or valproate (eg, valproic acid). **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have a history of seizures; heart problems; liver problems; stomach or bowel bleeding; metabolism problems; allergies; pregnancy; or breast-feeding. Tell your doctor if you or a family member has a history of bipolar disorder (manic-depression), other mental or mood problems, suicidal thoughts or attempts, or alcohol or substance abuse. Tell your doctor if you are dehydrated, have low blood sodium levels, drink alcohol, or if you will be having electroconvulsive therapy (ECT). Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for taking this medicine provided by your doctor. This medicine has a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. **TAKE THIS MEDICINE** by mouth with or without food. **STORE THIS MEDICINE** at 77 degrees F (25 degrees C) away from heat, moisture, and light. Brief storage at temperatures between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. **CONTINUE TO TAKE THIS MEDICINE** even if you feel well. Do not miss any doses. Taking this medicine at the same time each day will help you

(MORE)

Follow directions. Do not stop without Dr approval
May cause drowsiness. Do not mix with alcohol
Use caution when driving or operating machinery
Not recommended for use while breast-feeding
Notify your Dr if you intend to become pregnant
Check with Dr. before taking any other medicine
Promptly report unusual symptoms/effects to Dr
If condition persists or worsens notify Dr

TxMs (Transaction Message)	
KMT1000: CLAIM PAID	
KMT1000: CLAIM PAID RX:6842949 FILL:2010-05-15 BIN:810144 PCN:KMRMP	

Prescription For: COKE-NG, BRIAN
Pharmacist's Name: MARC SPEERT
Pharmacy Phone: (212)253-0347
This drug expires: 06/14/2011

K
KMAR CORPORATION
770 BROADWAY
NEW YORK, NY 10003
(212)253-0347
Rx: 6842949 Pharmacist: MLS
COKE-NG, BRIAN (848) 738-2852
40 ARWST
NEW YORK, NY 10038
SERTRALINE HC 50 MG TAB MYLA NDC 10378-4187-93
Generic For: ZOLOFT 50MG TAB
Dr. ATTIA, RANIA Subtotal: \$15.00
Ins.Ref.No# ERX4601116158
06/14/10 , Qty: 90 COPAY: \$15.00

RETAIL PRICE: \$83.79
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.
DRUG NAME:

Follow directions. Do not stop without Dr approval
May cause drowsiness. Do not mix with alcohol
Use caution when driving or operating machinery
Not recommended for use while breast-feeding
Notify your Dr if you intend to become pregnant
Check with Dr. before taking any other medicine
Promptly report unusual symptoms/effects to Dr
If condition persists or worsens notify Dr

TxMs (Transaction Message)
KMT1000: CLAIM PAID
KMT1000: CLAIM PAID RX:6842949 FILL:2010-06-14 BIN:610144 PCN:KMRMP

Prescription For: **COKE-NG, BRIAN**
Pharmacist's Name: **JOHN HELLYER**
Pharmacy Phone: **(212)253-0347**
This drug expires: **07/16/2011**

RETAIL PRICE: \$84.79

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

DRUG NAME:



KMART CORPORATION
770 BROADWAY
NEW YORK, NY 10003

RECEIPT
121253-0347

Rx: **6842949** Pharmacist: JEH

COKE-NG, BRIAN

(848) 738-2952

40 ARN ST
NEW YORK, NY 10038

SERTRALINE HC 50 MG TAB MYLA

NDC:00378-4187-93

Generic For: **ZOLOFT 50MG TAB**

Dr. ATTIA, RANIA

Subtotal: \$15.00

Ins.Ref.No# ERX3489824459

07/16/10 Qty: 90

COPAY: \$15.00

Follow directions. Do not stop without Dr approval
May cause drowsiness. Do not mix with alcohol
Use caution when driving or operating machinery
Not recommended for use while breast-feeding
Notify your Dr if you intend to become pregnant
Check with Dr. before taking any other medicine
Promptly report unusual symptoms/effects to Dr
If condition persists or worsens notify Dr

TxMe (Transaction Message)

KMT1000: CLAIM PAID

KMT1000: CLAIM PAID RX:6842949 FILL:2010-07-16 BIN:610144 PCN:KMRMP

Prescription #: 6845128
Prescription For: COKE-NG, BRIAN
Pharmacist's Name: TANIA LI
Pharmacy Phone: (212)253-0347
This drug expires: 08/16/2011

K Kmart CORPORATION #7777 **RECEIPT**
770 BROADWAY 02121253-0347
NEW YORK, NY 10003
Rx: 6845128 Pharmacist: TRL
COKE-NG, BRIAN (846) 736-2952
40 ANN ST
NEW YORK, NY 10038
SERTRALINE HC 50 MG TAB MYLA NDC:00378-4187-93
Generic For: ZOLOFT 50MG TAB
Dr. GOLDSCHMITT, DAVID Subtotal: \$15.00
Ins.Ref.No# ERX11311793821
08/16/10 Qty: 90 **COPAY: \$15.00**

RETAIL PRICE: \$84.79

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

DRUG NAME: SERTRALINE HC 50 MG TAB MYLA

GENERIC NAME: SERTRALINE (SER-tra-leen)

COMMON USES: This medicine is a selective serotonin reuptake inhibitor (SSRI) used to treat depression, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), social anxiety disorder (social phobia), and a severe form of premenstrual syndrome called premenstrual dysphoric disorder (PMDD). It may also be used for other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: Antidepressants may increase the risk of suicidal thoughts or actions in children, teenagers, and young adults. However, depression and certain other mental problems may also increase the risk of suicide. Talk with the patient's doctor to be sure that the benefits of using this medicine outweigh the risks. Family and caregivers must closely watch patients who take this medicine. It is important to keep in close contact with the patient's doctor. Tell the doctor right away if the patient has symptoms like worsened depression, suicidal thoughts, or changes in behavior. Discuss any questions with the patient's doctor. Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are taking a fenfluramine derivative (eg, dexfenfluramine); an H1 antagonist (eg, astemizole, terfenadine); nefazodone; pimozone; sibutramine; or thioridazine. **DO NOT TAKE THIS MEDICINE** if you are taking or have taken a monoamine oxidase inhibitor (MAOI) (eg, phenelzine), selegiline, or St. John's wort within the last 14 days. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking anorexiant (eg, phentermine); linezolid; metoclopramide; serotonin 5-HT1 receptor agonists (eg, sumatriptan); trazodone; anticoagulants (eg, warfarin); aspirin; nonsteroidal anti-inflammatory drugs (NSAIDs) (eg, ibuprofen); diuretics (eg, furosemide, hydrochlorothiazide); tramadol; phenothiazines (eg, chlorpromazine); carbamazepine; cyproheptadine; aripiprazole; clozapine; digoxin; flecainide; lithium; phenytoin; propafenone; risperidone; tricyclic antidepressants (eg, amitriptyline); or valproate (eg, valproic acid). **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have a history of seizures; heart problems; liver problems; stomach or bowel bleeding; metabolism problems; allergies; pregnancy; or breast-feeding. Tell your doctor if you or a family member has a history of bipolar disorder (manic-depression), other mental or mood problems, suicidal thoughts or attempts, or alcohol or substance abuse. Tell your doctor if you are dehydrated, have low blood sodium levels, drink alcohol, or if you will be having electroconvulsive therapy (ECT). Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for taking this medicine provided by your doctor. This medicine has a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. **TAKE THIS MEDICINE** by mouth with or without food. **STORE THIS MEDICINE** at 77 degrees F (25 degrees C) away from heat, moisture, and light. Brief storage at temperatures between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. **CONTINUE TO TAKE THIS MEDICINE** even if you feel well. Do not miss any doses. Taking this medicine at the same time each day will help you

(MORE)

Follow directions. Do not stop without Dr approval
May cause drowsiness. Do not mix with alcohol
Use caution when driving or operating machinery
Not recommended for use while breast-feeding
Notify your Dr if you intend to become pregnant
Check with Dr. before taking any other medicine
Promptly report unusual symptoms/effects to Dr
If condition persists or worsens notify Dr

TxMs (Transaction Message)

KMT1000: CLAIM PAID

Prescription #: 6846142
 Prescription For: COKE-NG, BRIAN
 Pharmacist's Name: DARSHANIE SANKAR
 Pharmacy Phone: (212)253-0347
 This drug expires: 09/17/2011

RETAIL PRICE: \$159.97

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

DRUG NAME: BUPROPION HCL 150MG X TAB ANCH

GENERIC NAME: BUPROPION (bue-PROE-pee-on)

COMMON USES: This medicine is an antidepressant used for treating depression and seasonal affective disorder (SAD). It may also be used for other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: Antidepressants may increase the risk of suicidal thoughts or actions in children, teenagers, and young adults. However, depression and certain other mental problems may also increase the risk of suicide. Talk with the patient's doctor to be sure that the benefits of using this medicine outweigh the risks. FAMILY AND CAREGIVERS MUST CLOSELY WATCH patients who take this medicine. It is important to keep in close contact with the patient's doctor. Contact the doctor at once if new, worsened, or sudden symptoms such as agitation; hostility; depressed mood; or any unusual change in mood or behavior occur. Contact the doctor right away if any signs of suicidal thoughts or actions occur. Discuss any questions with the patient's doctor. Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE IF you are taking another medicine that contains bupropion or if you are taking or have taken a monoamine oxidase inhibitor (MAOI) (eg, phenelzine) within the last 14 days. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking amantadine, antipsychotics (eg, haloperidol, risperidone), corticosteroids (eg, prednisone), cyclophosphamide, efavirenz, HIV protease inhibitors (eg, nelfinavir, ritonavir) insulin, levodopa, nicotine patches, oral hypoglycemics (eg, glipizide), orphenadrine, sympathomimetics (eg, pseudoephedrine), theophylline, thiotepa, tiagabine, carbamazepine, phenobarbital, phenytoin, rifampin, antiarrhythmics (eg, propafenone, flecainide), beta-blockers (eg, metoprolol), or phenothiazines (eg, thioridazine), selective serotonin reuptake inhibitors (SSRI) antidepressants (eg, fluoxetine), or tricyclic antidepressants (eg, nortriptyline). DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including diabetes, kidney problems, high blood pressure, heart problems (eg, congestive heart failure), recent heart attack, allergies, pregnancy, or breast-feeding. Tell your doctor if you have a history of seizure, head injury, tumor in the brain or spinal cord, or liver problems (eg, cirrhosis). Tell your doctor if you or a family member has a history of bipolar disorder (manic depression), other mental or mood problems (eg, depression), suicidal thoughts or attempts, or alcohol or substance abuse. USE OF THIS MEDICINE IS NOT RECOMMENDED if you have a history of an eating disorder (eg, anorexia, bulimia) or seizures (eg, epilepsy). USE OF THIS MEDICINE IS NOT RECOMMENDED if you are suddenly stopping the use of alcohol or sedatives (eg, benzodiazepines) after long-term use. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for taking this medicine provided by your doctor. This medicine has a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. TAKE THIS MEDICINE by mouth with or without food. If stomach upset occurs, take with food to reduce stomach irritation. SWALLOW THIS MEDICINE WHOLE. Do not break, crush, or chew before swallowing. STORE THIS MEDICINE at room temperature, between 59 and 86 degrees F (15 and

(MORE)

K Kmart CORPORATION #7777
 770 BROADWAY
 NEW YORK, NY 10003
 (212)253-0347 **RECEIPT**
 Rx: 6846142 Pharmacist: DVS
 COKE-NG, BRIAN (646) 736-2952
 40 ANN ST
 NEW YORK, NY 10038
 BUPROPION HCL 150MG X TAB ANCH NDC:10370-0101-03
 Generic For: WELLBUTRIN-XL 150MG TAB
 Dr. KILBANE, EDWARD Subtotal: \$33.63
 Ins.Ref.No# 00006845177701
 09/17/10 Qty: 30 **COPAY: \$33.63**

Do not chew or crush. Swallow whole
 May take with meals if stomach upset occurs.
 Avoid alcohol/products containing alcohol
 Use caution when driving or operating machinery
 Check with Dr. before taking any other medicine
 May cause dizziness. Avoid hazardous activity

EXHIBIT 3

M E D I C A L E X P E N S E S

COKEBR1

Patient: COKE-NG, BRIAN

Pharmacy: KMART CORPORATION #7777

RespPty:

PO BOX 23723

770 BROADWAY

NEW YORK

NY 10003

RPh: HOM, JESSICA

NEW YORK

NY 10008

Birth: [REDACTED]

Prescriptions:

Date: 01/01/2009 TO 01/01/2017

LastFill	Rx #	Drug Name	Qty	Physician Name	T/P	Price	RPh
05/15/10	6842949	SERTRALINE 50 MG	90	Dr.ATTIA	RMP	15.00	JEH
06/14/10	6842949	SERTRALINE 50 MG	90	Dr.ATTIA	RMP	15.00	MLS
07/16/10	6842949	SERTRALINE 50 MG	90	Dr.ATTIA	RMP	15.00	JEH
08/16/10	6845128	SERTRALINE 50 MG	90	Dr.GOLDSCHMITT	RMP	15.00	TRL
09/22/10	6846142	BUPROPN HCL X 150MG	30	Dr.KILBANE	HTR	33.63	JEH

Report Date: 03/24/2017

\$93.63

Attested To By:

Jessica Hom
Registered Pharmacist**7777 Kmart**
770 BROADWAY
NEW YORK, NY 10003

M E D I C A L E X P E N S E S

COKEBR1

Patient: COKE-NG, BRIAN

Pharmacy: KMART CORPORATION #7777

RespPty:

40 ANN ST

770 BROADWAY

NEW YORK

NY 10003

Rph: GOLDENBERG, YELENA

NEW YORK

NY 10038 2440

Birth:

Prescriptions:

Date: 01/01/2009 TO 12/31/2014

LastFill	Rx #	Drug Name	Qty	Physician Name	T/P	Price	RPh
05/15/10	6842949	SERTRALINE 50 MG	90	Dr.ATTIA	RMP	15.00	JEH
06/14/10	6842949	SERTRALINE 50 MG	90	Dr.ATTIA	RMP	15.00	MLS
07/16/10	6842949	SERTRALINE 50 MG	90	Dr.ATTIA	RMP	15.00	JEH
08/16/10	6845128	SERTRALINE 50 MG	90	Dr.GOLDSCHMITT	RMP	15.00	TRL
09/22/10	6846142	BUPROPN HCL X 150MG	30	Dr.KILBANE	HTR	33.63	JEH

Report Date: 01/13/2015

\$93.63

Attested To By:

Registered Pharmacist



[REDACTED]

M E D I C A L E X P E N S E S

COKEBR1
Patient: COKE-NG, BRIAN
RespPty:

Pharmacy: KMART CORPORATION #7777
770 BROADWAY
NEW YORK NY 10003
RPh: HELLYER, JOHN E

PO BOX 23723

Birth: NEW YORK NY 10008

Tel: 212-253-0347 Fax: 847-396-3197
Date: 01/01/2010 TO 06/15/2018

Prescriptions:

LastFill	Rx #	Drug Name	Qty	Physician Name	T/P	Price	RPh
05/15/10	6842949	SERTRALINE 50 MG	90	Dr.ATTIA	RMP	15.00	JEH
06/14/10	6842949	SERTRALINE 50 MG	90	Dr.ATTIA	RMP	15.00	MLS
07/16/10	6842949	SERTRALINE 50 MG	90	Dr.ATTIA	RMP	15.00	JEH
08/16/10	6845128	SERTRALINE 50 MG	90	Dr.GOLDSCHMITT	RMP	15.00	TRL
09/22/10	6846142	BUPROPN HCL X 150MG	30	Dr.KILBANE	HTR	33.63	JEH

Report Date: 06/15/2018

\$93.63

Attested To By: _____
Registered Pharmacist

EXHIBIT 4

K **KMART CORPORATION #7777**
770 BROADWAY
NEW YORK, NY 10003
Pharmacist: JEH
COKE-NG, BRIAN
DEA: BK6104827
Filled: 05/15/10
NPI: 1378774398
RMP NET DUE: \$15.00
SERTRALINE 50 MG TAB MYLA
TAKE THREE TABLETS BY MOUTH IN THE EVENING

DO NOT DRINK
ALCOHOLIC BEVERAGES
WHEN TAKING THIS MEDICATION

COKE-NG, BRIAN
PO BOX 23723
NEW YORK, NY 10003
SERTRALINE 50 MG TAB MYLA
NDC: 00378-4187-93
Qty: 90 OS: 30
No Refills
TAKE THREE TABLETS BY MOUTH IN THE EVENING

Dr. ATTIA, RANIA
151 WEST 111TH ST
NEW YORK, NY 10001
DEA: AS1837853
RMP
Rx Comments:
(212)604-7050
NPI: 1378774398
RMP NET DUE: \$15.00
Intake: _____ Process: _____
Fulfill: _____ Dispense: _____

Generic For: ZOLOFT 50 MG TAB Qty: 90
Dr. ATTIA, RANIA
to Refills Discard After: 05/15/11

Filled By: HELLYER, JOHN
Orig Rx: 05/04/10
Drug Manual: MYLAN
NDC: 00378-4187-93

COKE-NG, BRIAN
SERTRALINE 50 MG TAB MY
RMP NET DUE: \$15.00
19111587440
COKE-NG, BRIAN
SERTRALINE 50 MG TAB MYLA

NO COUPONS ALLOWED

RX#: 6842949
6842949 Filled: 05/15/10
COKE-NG, BRIAN
Counseling Recd: _____
DOB: _____ Refused: _____

THANK YOU FOR SHOPPING AT KMART

Prescription #: 6842949
Prescription For: **COKE-NG, BRIAN**
Pharmacist's Name: **JOHN HELLYER**
Pharmacy Phone: (212)253-0347
This drug expires: 05/15/2011

K **KMART CORPORATION #7777**
770 BROADWAY
NEW YORK, NY 10003
(212)253-0347
Rx: 6842949 Pharmacist: JEH
***COKE-NG, BRIAN**
PO BOX 23723
NEW YORK, NY 10003
SERTRALINE 50 MG TAB MYLA NDC: 00378-4187-93
Generic For: ZOLOFT 50 MG TAB
Dr. ATTIA, RANIA
Ins. Ref. No: 17238338278807589
05/15/10 Qty: 90 RMP NET DUE: \$15.00

RETAIL PRICE: \$83.79
DRUG NAME: **SERTRALINE 50 MG TAB MYLA**
GENERIC NAME: Sertraline Tablets (SER tra leen)

WARNING: Drugs like this one have raised the chance of suicidal thoughts or actions in children and young adults. The risk may be greater in people who have had these thoughts or actions in the past. All people who take this drug need to be watched closely. Call the doctor right away if signs like low mood (depression), nervousness, restlessness, grouchiness, panic attacks, or changes in mood or actions are new or worse. Call the doctor right away if any thoughts or actions of suicide occur. **COMMON USES:** It is used to treat low mood (depression). It is used to treat obsessive-compulsive problems. It is used to treat panic attacks. It is used to treat post-traumatic stress. It is used to treat mood problems caused by monthly periods. It is used to treat social anxiety problems. It may be given to you for other reasons. Talk with the doctor.

BEFORE USING THIS MEDICINE: WHAT DO I NEED TO TELL MY DOCTOR BEFORE I TAKE THIS DRUG? TELL YOUR DOCTOR: If you have an allergy to sertraline or any other part of this drug. **TELL YOUR DOCTOR:** If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs. **TELL YOUR DOCTOR:** If you have liver disease. **TELL YOUR DOCTOR:** If you are taking any of these drugs: Linezolid or methylene blue. **TELL YOUR DOCTOR:** If you are taking pimozide. **TELL YOUR DOCTOR:** If you have taken certain drugs used for low mood (depression) like isocarboxazid, phenelzine, or tranylcypromine or drugs used for Parkinson's disease like selegiline or rasagiline in the last 14 days. Taking this drug within 14 days of those drugs can cause very bad high blood pressure. **TELL YOUR DOCTOR:** If you are taking any drugs that can cause a certain type of heartbeat that is not normal (prolonged QT interval). There are many drugs that can do this. Ask your doctor or pharmacist if you are not sure. This is not a list of all drugs or health problems that interact with this drug. Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

HOW TO USE THIS MEDICINE: HOW IS THIS DRUG BEST TAKEN? Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely. Take with or without food. This drug may affect how much of some other drugs are in your body. If you are taking other drugs, talk with your doctor. You may need to have your blood work checked more closely while taking this drug with your other drugs. To gain the most benefit, do not miss doses. Do not stop taking this drug all of a sudden without calling your doctor. You may have a greater risk of side effects. If you need to stop this drug, you will want to slowly stop it as ordered by your doctor. Keep taking this drug as you have been told by your doctor or other health care provider, even if you feel well. In depression, sleep and appetite may get better soon after starting this drug. Other low mood signs may take up to 4 weeks to get better. **HOW DO I STORE AND/OR THROW OUT THIS DRUG?** Store at room temperature. Keep lid tightly closed. Store in a dry place. Do not store in a bathroom. Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets. Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area. **WHAT DO I DO IF I MISS A DOSE?** Take a missed dose as soon as you think about it. If it is close to the time for your next dose, skip the missed dose and go back to your normal time. Do not take 2 doses at the same time or extra doses. **CAUTIONS:**

(MORE)

K **FEED FACE** **DO NOT DRINK**
KMART CORPORATION #7777
770 BROADWAY
NEW YORK, NY 10003
6842949 Pharmacist: **MLS**
COKE-NG, BRIAN
SERTRALINE 50 MG TAB MYLA
TAKE THREE TABLETS BY
MOUTH IN THE EVENING

32 of 45
DO NOT DRINK
ALCOHOLIC BEVERAGES
WHEN TAKING THIS MEDICATION
DO NOT DRINK
ALCOHOLIC BEVERAGES
WHEN TAKING THIS MEDICATION

6842949-1580335 #7777 06/14/10
08/07/82
COKE-NG, BRIAN
PO BOX 23723
NEW YORK, NY 10008
SERTRALINE 50 MG TAB MYLA
Generic For: ZOLAFT 50 MG
00378-4187-93
Manufacturer: MYLAN
Qty: 90 OS: 30
No Refills
DAW: 0
Rph: **MLS**
TAKE THREE TABLETS BY
MOUTH IN THE EVENING

Dr. ATTIA, RANIA (212)804-7000
153 W 11TH ST
NEW YORK, NY 10011
DEA: AS1837863
RMP NET DUE: \$15.00
NPI: 1378774368
RMP
Rx Comments:

Generic For: **ZOLAFT 50 MG TAB Q1v8Q**
ATTIA, RANIA
tel: (212) 804-7000
Discard After: 06/14/11

Filed By: **SPEERT, MARC**
Orig. Rx: 06/04/10
Drug Manufacturer: **MYLAN**
NDC: 00378-4187-93

Intake: _____ Process: _____
Fulfill: _____ Dispense: _____

COKE-NG, BRIAN
SERTRALINE 50 MG TAB MYLA
\$15.00
111580335

NO COUPONS ALLOWED

RX#: 6842949
6842949 Filled: 06/14/10
COKE-NG, BRIAN
Counseling Recd: _____
Refused: _____

THANK YOU FOR SHOPPING AT KMART

Description #: **6842949**
Description For: **COKE-NG, BRIAN**
Pharmacist's Name: **MARC SPEERT**
Pharmacy Phone: **(212)253-0347**
This drug expires: **06/14/2011**

K **KMART CORPORATION #7777**
770 BROADWAY
NEW YORK, NY 10003
Rx: 6842949 Pharmacist: MLS
***COKE-NG, BRIAN** (648) 820-9238
PO BOX 23723
NEW YORK, NY 10008
SERTRALINE 50 MG TAB MYLA NDC: 00378-4187-93
Generic For: **ZOLAFT 50 MG TAB**

PEOPLE FEEL BETTER COMING HERE

TAIL PRICE: \$83.79
UG NAME: **SERTRALINE 50 MG TAB MYLA**
ENERIC NAME: **Sertraline Tablets (SER tra leen)**

Dr. ATTIA, RANIA
06/14/10 Qty: 90 RMP NET DUE: \$15.00

WARNING: Drugs like this one have raised the chance of suicidal thoughts or actions in children and young adults. The risk may be greater in people who have had these thoughts or actions in the past. All people who take this drug need to be watched closely. Call the doctor right away if signs of low mood (depression), nervousness, restlessness, grouching, panic attacks, or changes in mood or actions are new or worse. Call the doctor right away if any thoughts or actions of suicide occur. **COMMON USES:** It is used to treat low mood (depression). It is used to treat obsessive-compulsive problems. It is used to treat panic attacks. It is used to treat post-traumatic stress. It is used to treat mood problems caused by monthly periods. It is used to treat social anxiety problems. It may be given to you for other reasons. Talk with the doctor.

BEFORE USING THIS MEDICINE: WHAT DO I NEED TO TELL MY DOCTOR BEFORE I TAKE THIS DRUG? TELL YOUR DOCTOR: If you have an allergy to sertraline or any other part of this drug. **TELL YOUR DOCTOR:** If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs. **TELL YOUR DOCTOR:** If you have liver disease. **TELL YOUR DOCTOR:** If you are taking any of these drugs: levodopa or methylene blue. **TELL YOUR DOCTOR:** If you are taking pimozide. **TELL YOUR DOCTOR:** If you have taken certain drugs used for low mood (depression) like isocarboxazid, phenelzine, or tranylcypromine or drugs used for Parkinson's disease like selegiline or rasagiline in the last 14 days. Taking this drug within 14 days of those drugs can cause very bad high blood pressure. **TELL YOUR DOCTOR:** If you are taking any drugs that can cause a certain type of heartbeat that is not normal (prolonged QT interval). There are many drugs that can do this. Ask your doctor or pharmacist if you are not sure. This is not a list of all drugs or health problems that interact with this drug. Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check with your doctor to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

HOW TO USE THIS MEDICINE: HOW IS THIS DRUG BEST TAKEN? Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely. Take with or without food. This drug may affect how much of the other drugs are in your body. If you are taking other drugs, talk with your doctor. You may need to have your work checked more closely while taking this drug with your other drugs. To gain the most benefit, do not miss doses. Do not stop taking this drug all of a sudden without calling your doctor. You may have a greater risk of side effects. If you need to stop this drug, you will want to slowly stop it as ordered by your doctor. Keep taking this drug as you have been told by your doctor or other health care provider, even if you feel well. In depression, sleep and appetite may get better soon after starting this drug. Other low mood signs may take up to 4 weeks to get better. **HOW DO I STORE AND/OR THROW OUT THIS DRUG?** Store at room temperature. Keep lid tightly closed. Store in a dry place. Do not store in a bathroom. Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets. Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area. **WHAT DO I DO IF I MISS A DOSE?** Take a missed dose as soon as you think about it. If it is close to the time for your next dose, skip the missed dose and go back to your normal time. Do not take 2 doses at the same time or extra doses. **CAUTIONS:**

(MORE)

K **KMART CORPORATION #7777**
770 BROADWAY
NEW YORK, NY 10003
Pharmacist: JEH
COKE-NG, BRIAN
SERTRALINE 50 MG TAB MYLA
TAKE THREE TABLETS BY
MOUTH IN THE EVENING

DO NOT DRINK
ALCOHOLIC BEVERAGES
WHEN TAKING THIS MEDICATION
BECAUSE IT MAY CAUSE DROWSINESS
OR DIZZINESS. IF YOU FEEL DROWSY
OR DIZZY, DO NOT DRIVE A MOTOR VEHICLE
OR OPERATE MACHINERY UNTIL YOU FEEL
BETTER.

6842949 **1593488** **#7777** **07/16/10**
09/07/82
COKE-NG, BRIAN
PO BOX 23723
NEW YORK, NY 10008
SERTRALINE 50 MG TAB MYLA
Generic For: ZOLOFT 50 MG
00378-4187-93
Manufact: MYLAN
Qty: 90 **DS: 30** **DAW: 0**
No Refills **Rph: JEH**
TAKE THREE TABLETS BY
MOUTH IN THE EVENING
Dr. ATTIA, RANIA **(212)804-7000**
153 WEST 111TH ST
NEW YORK, NY 10011
DEA: AS1837853 **NPI: 1376774388**
RMP NET DUE: \$15.00
RMP
Rx Comments:
Intake: _____ **Process: _____**
Fulfill: _____ **Dispense: _____**

Generic For: ZOLOFT 50 MG TAB Qty: 90
Dr. ATTIA, RANIA
to Refills **Discard After: 07/16/11**

COKE-NG, BRIAN **6842949 07/16/10 JEH**
SERTRALINE 50 MG TAB MY
1593488 RMP NET DUE: \$15.00
19111593488
COKE-NG, BRIAN
SERTRALINE 50 MG TA

NO COUPONS
ALLOWED

RX#: 6842949 **6842949 Filled: 07/16/10** **Counseling Recd: _____**
COKE-NG, BRIAN **Refused: _____**

THANK YOU FOR SHOPPING AT KMART

Prescription #: 6842949
Prescription For: COKE-NG, BRIAN
Pharmacist's Name: JOHN HELLYER
Pharmacy Phone: (212)253-0347
This drug expires: 07/16/2011

PEOPLE FEEL BETTER COMING HERE

K **KMART CORPORATION #7777** **(212)253-0347**
770 BROADWAY
NEW YORK, NY 10003
Rx: 6842949 Pharmacist: JEH
***COKE-NG, BRIAN** **(646) 820-8238**
PO BOX 23723
NEW YORK, NY 10008
SERTRALINE 50 MG TAB MYLA **NDC 00378-4187-93**
Generic For: ZOLOFT 50 MG TAB
Dr. ATTIA, RANIA
07/16/10 Qty: 90 RMP NET DUE: \$15.00

RETAIL PRICE: \$84.79
DRUG NAME: SERTRALINE 50 MG TAB MYLA
GENERIC NAME: Sertraline Tablets (SER tra leen)

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(MORE)

KMT131193: RPI NOTICE: GOVT PLANS ARE NOT ELIGIBLE FOR COB BILLING TO ANY DISCOUNT CARDS.

VOICED FEED FACE DOWN DIRECTION 130-1 Filed 09/20/19 Entered 09/25/19 12:02:07 Exhibit 5
K MART CORPORATION #7777 (212) 253-0347
770 BROADWAY DEA: BK5104827
NEW YORK, NY 10003 Filled: 08/16/10
Rx: 6845128 Pharmacist: TRL
COKE-NG, BRIAN
SERTRALINE 50 MG TAB MYLA
3 TABLETS BY MOUTH ONCE A DAY AT BEDTIME

Generic For: ZOLOFT 50 MG TAB Qty: 90
Dr. GOLDSCHMITT, DAVID
No Refills Discard After: 08/16/11

COKE-NG, BRIAN
SERTRALINE 50 MG TAB MYLA
RMP NET DUE: \$15.00
19111596588

0845128 08/16/10 TRL
COKE-NG, BRIAN
SERTRALINE 50 MG TAB

NO COUPONS ALLOWED

DO NOT DRINK ALCOHOLIC BEVERAGES WHEN TAKING THIS MEDICATION

Filled By: LI, TANIA
Orig. Rx: 05/13/10
Drug: Sertraline
NDC: 00378-4187-93

6845128 1596588 #7777 08/16/10
COKE-NG, BRIAN 08/07/82
PO BOX 23723
NEW YORK, NY 10008
SERTRALINE 50 MG TAB MYLA
Generic For: ZOLOFT 50 MG
00378-4187-93
Manufacturer: MYLAN
Qty: 90 OS: 30
No Refills
3 TABLETS BY MOUTH ONCE A DAY AT BEDTIME

Dr. GOLDSCHMITT, DAVID (212) 312 6070
170 WILLIAM ST
NY, NY 10008
DEA: BG8152843
RMP NET DUE: \$15.00
RMP
Rx Comments:

RX#: 6845128
6845128 Filled: 08/16/10
COKE-NG, BRIAN
Counseling Recd: _____
Refused: _____

Prescription #: 6845128
Prescription For: COKE-NG, BRIAN
Pharmacist's Name: TANIA LI
Pharmacy Phone: (212) 253-0347
This drug expires: 08/16/2011

RETAIL PRICE: \$84.79
DRUG NAME SERTRALINE 50 MG TAB MYLA
GENERIC NAME: Sertraline Tablets (SER tra leen)

PEOPLE FEEL BETTER COMING HERE

K MART CORPORATION #7777 (212) 253 0347
770 BROADWAY
NEW YORK, NY 10003
Rx: 6845128 Pharmacist: TRL
*COKE-NG, BRIAN (848) 820-9238
PO BOX 23723
NEW YORK, NY 10008
SERTRALINE 50 MG TAB MYLA NDC: 00378-4187-93
Generic For: ZOLOFT 50 MG TAB
Dr. GOLDSCHMITT, DAVID
08/16/10 Qty: 90 RMP NET DUE: \$15.00

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(MORE)

KMT131183: Rph NOTICE: GOVT PLANS ARE NOT ELIGIBLE FOR COB BILLING TO ANY DISCOUNT CARDS.

EXHIBIT 5

Carrier: RMP Plan: Group: RMP
Plan Name: RETAIL MAINTENANCE PROGRAM
CardholderID: COKEN7777 CanPHN/AltID:
Medicaid ID:
Expires:
Billing Seq: 2 Effect: Senior Cit:
Patient Elig: Y Relation: 1 Dependent: Student: Pat Sign: 1
Series: ADC: NH: Clinic: B/C Home: Elig Ovr:
Other Ins: N Loc: SB: Emp:
CMS Facility: Residence:
Pat NoAssign:
Cardholder Information
Name on Card: COKE-NG, BRIAN
COKE-NG , BRIAN
Card Eligible: Y Worker's Comp: N
Effect Date: Last: 11/06/2018
Expire Date: Elig: 05/15/2010

EXHIBIT 6

Carrier: HTR Plan: VRI Group: UNA4167
Plan Name: PLEASE USE HTR-GOODRX
CardholderID: COKEN7777 CanPHN/AltID:
Medicaid ID:
Billing Seq: 3 Effect: Expires: Senior Cit:
Patient Elig: Y Relation: 1 Dependent: 01 Student: Pat Sign: 1
Series: ADC: NH: Clinic: B/C Home: Elig Ovr:
Other Ins: N Loc: SB: Emp:
CMS Facility: Residence:
Pat NoAssign:
Cardholder Information
Name on Card: COKE-NG, BRIAN
COKE-NG , BRIAN
Card Eligible: Y Worker's Comp: N
Effect Date: Last: 11/06/2018
Expire Date: Elig: 08/16/2010

EXHIBIT 7

Carrier: RXE Plan: 7777 Group: FDCPPA

Plan Name: RXE-AMERICAN HEALTHCARE NTWK

CardholderID: 8182807202

CanPHN/AltID:

Medicaid ID:

Billing Seq: 1 Effect:

Expires:

Senior Cit:

Patient Elig: Y Relation: 1 Dependent:

Student:

Pat Sign: 1

Series: ADC: NH:

Clinic:

B/C Home:

Elig Ovr:

Other Ins: N Loc:

SB:

Emp:

CMS Facility: Residence:

Pat NoAssign:

Cardholder Information

Name on Card: COKE-NG, BRIAN

COKE-NG

, BRIAN

Card Eligible: Y

Worker's Comp: N

Effect Date:

Last: 11/06/2018

Expire Date:

Elig: 09/22/2010

EXHIBIT 8



Joel H. King M.D.
Medical Director
222 Middle Country Road
Suite 310
Smithtown, NY 11787
Tel: 631-265-1622
Fax: 631-265-3042

Fax Cover

TO:

FROM:

FAX:

PAGES:

PHONE:

DATE:

RE:

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

CERTIFICATE OF PROFESSIONAL CARE

This is to certify that records for date of service 8/27/19 are
-is unable to work from _____ certified from our
And through _____ office.

-may return to work on _____

-had an appointment in our office on _____

-is under my care for the following _____

Dr. _____

Joel H. King MD

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

Fax to: 646-820-9238

Harris Psychiatric Services, P.L.L.C**Joel H. King, MD Director**Main Office: 222 Middle Country Road Suite 310
Smithtown, NY 11787

(631) 265-1622

(631) 265-3042

Patient: BRIAN COKE NG

Provider: Ashley King Curtis, NP

Date: 08/27/19

Time: 4:30 PM

CPT Code: 99213 Est Pt Low Complexity (15 min)

Add-On Code(s): 90833 Psychotherapy w/ E&M Service (30 min)

Primary Diagnosis: F02.80 Major neurocognitive disorder due to multiple etiologies, Without behavioral disturbance

Diagnosis 2: F32.9 Unspecified depressive disorder

Medications

1. amantadine HCl (amantadine hcl) (100 mg capsule) 1 capsule by mouth twice a day- Joel King
2. Aricept (donepezil) (10 mg tablet) 1 tablet by mouth once a day- Ashley Curtis
3. Seroquel (quetiapine) (25 mg tablet) 1 tablet by mouth at bedtime- Ashley Curtis
4. Wellbutrin XL (bupropion hcl) (300 mg tablet extended release 24 hr) 1 tablet by mouth every morning- Ashley Curtis

S: Pt was last seen in the office on 7/5/2016 as his neurologist had taken over his psychiatric treatment. Wellbutrin, Aricept and Seroquel were discontinued and Lorazepam were prescribed for treatment of anxiety and Cogentin for EPS. Pt had been doing well, EPS resolved and he was able to stop taking both lorazepam and Cogentin. Pt remained stable until November 2018 when there was a complication with workers compensation for reimbursement for out of pocket spending for medication. Pt decompensated under the stress and was ultimately hospitalized at Bellevue on December 22 for psychogenic vomiting. His glucose level spiked and remains uncontrolled at present. His Neurologist, Dr. Xie resumed treatment with Lorazepam for anxiety and Banophen for sleep with good response however pt stopped his treatment with Dr. Xie in early 2019 due to insurance complications. At this time, pt is not taking psychiatric medication and reports insomnia and severe anxiety. He is feeling very overwhelmed and stressed. He is angry, agitated and crying easily and frequently. There has been significant somatic anxiety including nausea, vomiting, diarrhea. Reports nightmares. Will resume treatment with diphenhydramine for sleep and lorazepam as needed for acute anxiety. Will also consider treatment with SSRI medication.

O:

The patient is dressed appropriately with adequate hygiene and grooming. Gait is steady. Psychomotor agitation/retardation is not observed. Pt is cooperative with assessment. Eye contact is good Speech is clear and coherent with normal rate rhythm and volume. Mood is dysphoric and

Harris Psychiatric Services, P.L.L.C
Joel H. King, MD Director

Main Office: 222 Middle Country Road Suite 310
Smithtown, NY 11787

(631) 265-1622
(631) 265-3042

anxious. Affect is mood congruent with appropriate intensity and range. Thought content is void of suicidal and homicidal ideation. Paranoid/delusional content was not elicited. Perceptual disturbance is neither reported nor observed. Thought process is circumstantial. Insight and judgment are appear grossly intact.

A:

The patient's psychiatric illness is both causally and temporally related to accident at the workplace.

P:

- treatment with psychotropic medication is medically necessary**
- PMP registry checked**
- diphenhydramine 25mg at bedtime for sleep**
- Lorazepam 0.5mg once daily as needed for severe anxiety**
- consider treatment with SSRI**
- risks and benefits of medication were discussed. Pt verbalized understanding and consented to treatment**
- monitor for therapeutic response and side effects of medication**
- contact office with questions, concerns or worsening of symptoms**
- RTC x 4 wks**

non psychiatric medication: Combivent respimat 20-100 MCG, Montelukast 10mg, Wixela 250-50, Metformin 500mg bid, albuterol

*******45 min psychiatric session*******

Electronically signed on 8/27/2019 at 5:51 PM by Ashley King Curtis, NP

Reviewed and electronically signed on 8/29/2019 at 2:41 PM by Joel H. King, MD